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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 053000002		CITY OR TOWN	HINSDALE	
APPLICATION FO	R RENEWAL:	Annual	LICENSE	ED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME:	WILLIAM J. 1	BASILIERE			
DOING BUSINESS	A BAS RIDGE	COUNTRY CLUB			
ADDRESS 151 PLU	JNKETT ST.				
CITY/TOWN: HIN	ISDALE	STATE: MA	ZIP CODE:	01235	
MANAGER: BAS WIL	SILIERE, LIAM T.	TYPE OF LICENSE: Rest	aurant CAT	TEGORY: All Alcohol	
EMAIL ADDRESS:					
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF	LICENSED PRI	EMISES:			
ROOMS,LARGE D LIVING ROOM,KI	ANCING AREA TCHEN,3 BEDR	INGE ROOM WITH ATT. WITH ATTACHED STO ROOMS,ONE BATH. SIDI ITH ATTACHED STORA	RAGE AREA. LOW E 2; SINGLE ROOM	ER LEVEL	
I hereby certify and	swear under pena	alties of perjury that:			
1. the renew	ved license will b	e of the same type for the s	same premises now lie	censed;	
	•	with all laws of the Comm	•	axes; and	
3. the premi	ises are now oper	n for business (If not explain	in below)		
SIGNED BY	Individual, Pa	rtner or Authorized Corpor	rate Officer		
DATE:	TELEPI	HONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:	
			(Note: <u>NOT</u> Indivi	idual Social Security Number)	
Acts of 2004, signe	d by the buildin	e are in possession (1) the ag inspector and the head te of liquor liability insur	of the fire departme	ent for the above	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENSIN By:	NG AUTHORITY	
(== disapproved expi	/				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	53000005		CITY OR TO	IMN HINSDAL	JE.
APPLICATION FOR R	ENEWAL:	Annual	LI	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: A DOING BUSINESS A ADDRESS 070-72 SOU		ORPORATION			
CITY/TOWN: HINSD		STATE: MA	A ZIP COD	E: 01235	
MANAGER: VYAS, RAKES	TYF HKUMAR	PE OF LICENSE:	Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	CASE ALSO VISIT OUR WI	EBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF LIG					
1ST FLR; LARGE RET LEVEL; SMALL APAI					WER
I hereby certify and swe					
• •	-	the same type for t	he same premises	s now licensed:	
		all laws of the Co	•		
	=	business (If not ex		ung to unites, unit	
	are now open for	e domess (ii net en	pram cere "		
SIGNED BY					
I	ndividual, Partner	or Authorized Con	rporate Officer		
DATE:			EMDI	OVED IDENTIFICA	TION NI IMPER.
DATE.	TELEPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
			(<u></u>	individual Social	security (variable)
Please Check Below: APPROVED:				CENSING AUTH	IORITY
DISAPPROVED:			By:		
(If disapproved explain))				
· · · · · · · · · · · · · · · · · · ·	•				
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:: 053000006		CITY OR TOWN	HINSDALE	
APPLICATION FOR RENEWAL: And		Annual	LICENSED FOR 2013		
		CLASS		YEAR	
LICENSEE NAME:	GLENN'S HINSDA	ALE GENERAL STO	ORE,LLC		
DOING BUSINESS	A				
ADDRESS MAIN S	Γ.				
CITY/TOWN: HIN	SDALE	STATE: MA	ZIP CODE:	01235	
MANAGER: WNU NN J		PE OF LICENSE: Pac	ckage Store CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMIS	SES:			
SMALL RETAIL AFFOUNDATION; SM			EPARATE STORAC	GE ROOM. NO	
2. the license	ee has complied with	the same type for the all laws of the Comr business (If not expl	nonwealth relating to		
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)	
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	in)		LOCAL LICENS By:	ING AUTHORITY	
DATE:					

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053000008	CI	TY OR TOWN HINSDAI	LE	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	2013	
	CLASS		YEAR	
LICENSEE NAME: MC -N- MIL, INC. DOING BUSINESS A THE HOME CLUB				
ADDRESS 213 SOUTH STREET				
CITY/TOWN: HINSDALE	STATE: MA	ZIP CODE: 01235		
MANAGER: MILLER, ANNA M. TYPE (OF LICENSE: General premis		: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EMAIL	ADDRESS		
DESCRIPTION OF LICENSED PREMISES	5 :			
THE BAR OCCUPIES 3,000 SQ. FT. OF T BAR AREA IS A ONE STORY STRUCTUR THE SOUTHEAST SIDE OF THE BUILDIN	RE WITH ONE EXIT			
I hereby certify and swear under penalties of	perjury that:			
1. the renewed license will be of the	same type for the same	ne premises now licensed;		
2. the licensee has complied with all		=		
3. the premises are now open for bus	siness (If not explain	below)		
SIGNED BY Individual, Partner or	Authorized Corporate	e Officer		
DATE: TELEPHONE N	NUMBER:		EMPLOYER IDENTIFICATION NUMBER:	
		(Note: NOT Individual Social Security Number)		
We the undersigned, attest that we are in Acts of 2004, signed by the building inspectate named license and (2) the certificate of liq of 2010.	ctor and the head of	the fire department for th	e above	
Please Check Below:	I	LOCAL LICENSING AUTH	HORITY	
APPROVED:	I	Ву:		
DISAPPROVED:				
(If disapproved explain)	•			
	-			
DATE:	-			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0530)00009		CITY OR T	OWN HINSDAL	E
APPLICATION FOR REN	IEWAL:	Annual]	LICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: PHA	AT AL'S, INC				
DOING BUSINESS A OZ	ZIE'S STEAK A	ND EGGS			
ADDRESS 26 MAPLE ST	REET				
CITY/TOWN: HINSDAI	Æ	STATE: N	IA ZIP CO	DE: 01235	
MANAGER: LUSSIER, TRACEY		OF LICENSE	:Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE	ALSO VISIT OUR WEBS	ITE AND ENTER YO	UR EMAIL ADDRESS		
DESCRIPTION OF LICEN					
ONE FLOOR STORE FRO	ONT APPROX 10	6'X30' FRON'I	DOOR AND 2 I	REAR EXITS.	
1. the renewed lice 2. the licensee has 3. the premises are SIGNED BY Indi	complied with al	l laws of the Casiness (If not e	commonwealth reexplain below)		
DATE:	TELEDIONE:		EM	PLOYER IDENTIFICAT	TON NIIMPED.
Dille.	TELEPHONE 1	NUMBER:		NOT Individual Social S	
We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.	he building inspe	ector and the	head of the fire o	department for the	above
Please Check Below: APPROVED:				ICENSING AUTHO	ORITY
DISAPPROVED: [[(If disapproved explain)			By:		
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 053000010		CITY OR TOWN HINSDA	LE	
APPLICATION FOR RENEWAL:		Annual	Annual LICENSED FOR 2013		
		CLASS		YEAR	
DOING BUSI	AME: HINSDALE NESS A 1 OLD DALTON RI				
CITY/TOWN:	HINSDALE	STATE: MA	ZIP CODE: 01235		
MANAGER:	CIABURRI, MICHAEL A.	TYPE OF LICENSE: Pa	ackage Store CATEGORY	Y: Wine and Malt Regular	
EMAIL ADDI	RESS:				
SINGLE STOREMPLOYEES I hereby certify 1. the 2. the	ONLY y and swear under per renewed license will licensee has complie	rore entranc & extra nalties of perjury that: be of the same type for the	e same premises now licensed; nmonwealth relating to taxes; an olain below)		
SIGNED BY	Individual, F	Partner or Authorized Corp	porate Officer		
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia		
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT By:	HORITY	
DATE:					

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